

Division of Corporations

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A28657

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**DISS/TERM/CANCEL/REV OF LP/LLP
COLUMBUS CENTER ASSOCIATES, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

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STATE

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

SEP 29 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Columbus Center Associates, Ltd. **B**
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Peggy Siefken
(Contact Person)
USAA Real Estate Company
(Firm/Company)
9830 Colonnade Blvd. Suite 600
(Address)
San Antonio, TX 78230
(City, State and Zip Code)

For further information concerning this matter, please call:

Peggy Siefken at (210) 641-8464
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE
FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

Columbus Center Associates, Ltd. ☒
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 7/20/1989, assigned Florida document number A28657, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

Partnership no longer doing business.

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Alhambra Gables One, Inc.,
a Delaware corporation

By: [Signature]

Name: James K. Hardin, Assistant Secretary

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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CLERK OF STATE
FLORIDA